INSULIN ADMINISTRATION

The child/student will have had an injection of insulin at home, prior to breakfast, before coming to school.

Therefore, **ALL** carbohydrate food must be eaten at regular times throughout the day.
BLOOD GLUCOSE MONITORING

Is the child/student able to perform their own blood glucose monitoring?  □ Yes  □ No

If yes, the teacher/nominated adult needs to:  □ Remind  □ Observe  □ Assist

If no, the teacher/nominated adult needs to do the check:  □ Yes

Name of adult assisting with/checking BGLs: __________________________________________

Target range for blood glucose levels (BGLs): **4-8 mmol/L**

BGL results outside of this are not uncommon

Further action is required if BGL is <4.0mmol/L or >15.0mmol/L. (Refer to Diabetes Action Plan)

If the meter reads ‘LO’ this means the blood glucose level is too low to be recorded – follow hypo treatment on Action plan

If the meter reads ‘HI’ this means the blood glucose level is too high to be recorded – follow hyper treatment on Action plan

CGM

Some children may be using a glucose sensor.

This is **not** a substitute for finger prick blood glucose checking when confirming a suspected low or high BGL.

Hypo treatment is based on a blood glucose finger prick result.

**Times to check BGLs**

(tick all those that apply)

□ Anytime, anywhere  □ Prior to recess/snack
□ Prior to lunch  □ Anytime hypo suspected
□ Prior to activity  □ Prior to exams/tests
□ When feeling unwell  □ Beginning of after school care session (OHSC)
□ Other routine times – please specify: __________________________________________

Blood glucose ranges will vary day to day for the individual with diabetes and will be dependent on a number of factors such as:

- Insulin
- Age
- Level of activity
- Type / quantity of food
- Stress
- Growth spurts
- Puberty
- Illness / infection

PLEASE NOTE

Blood glucose checking should not be restricted to the sick bay.

Checking should be available where the child/student is (in the classroom), whenever needed.
HYPO TREATMENTS TO BE USED

- All hypo treatment foods should be provided by parent/guardian
- Ideally, packaging should be in serve size bags or containers
- Please use one of the items provided as listed below

<table>
<thead>
<tr>
<th>Fast acting carb</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sustaining carb</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- If hypo treatments listed in the table are not available for some reason, use any alternative hypo treatment – e.g. ½ cup lemonade, 5-6 jelly beans
- If needing to repeat the treatment more than twice, phone the parent/guardian or the child’s treating diabetes educator for further advice. These phone numbers will be found on the student’s Diabetes Action Plan

EATING AND DRINKING

- The child/student should not go for longer than 3 hours without eating a carbohydrate meal or snack; some young children may ‘graze’ rather than eat at specified times – this is fine.
- Younger children/students will require supervision to ensure all food is eaten
- The child/student should not exchange meals with another child/student
- Seek parent/guardian advice regarding appropriate foods for parties/celebrations that are occurring whilst in your care
- Allow access to drinking water and toilet at all times (high blood glucose levels can cause increased thirst and urination)
- Does the child have coeliac disease:
  - No
  - Yes (Seek parent/guardian advice regarding appropriate foods and hypo treatments)

PHYSICAL ACTIVITY AND SWIMMING

- Physical activity usually lowers blood glucose levels. The drop in blood glucose may be immediate or delayed as much as 12-24 hours
- The child/student will require an extra serve of carbohydrate before every 30 minutes of physical activity or swimming provided in the sport/activity box

<table>
<thead>
<tr>
<th>Carbohydrate to be used</th>
<th>Amount to be given</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Check blood ketones if BGL > 15.0 mmol/L and vigorous activity planned
- Vigorous activity should not be undertaken if BGL >15.0mmol/L and blood ketones >1.0mmol/L.
- A blood glucose meter and hypo treatment should always be available. If a hypo does occur (BGL <4.0mmol/L) treat as per action plan.
EXCURSIONS AND CAMPS

It is important to plan ahead for extracurricular activities and consider the following:

- Ensure BG meter, blood glucose strips, blood ketone strips, hypo and activity food are readily accessible during the excursion day
- Diabetes care is carried out as usual during excursions off-site school premises
- Always have extra hypo treatment available
- Permission maybe required to eat on bus – inform bus company in advance
- Staff / parents / guardians to collaborate and plan well in advance of the activity
- Additional supervision will be required for swimming and other sporting activities (especially for younger children/students) either by a ‘buddy’ teacher or parent/guardian
- Early and careful planning with parents/guardians and medical team is required prior to school camps and a separate and specific management plan for camps is required
- Children/students are best able to attend camps when they are reliably independent in the management of their own diabetes; otherwise a parent/guardian could attend or a school staff member can volunteer to assist with diabetes care activities
- Investigate local medical services.

EXAMS AND TESTS

- BG should be checked prior to an exam or tested at school and documented
- BG should be >4.0mmol/L
- Blood glucose meter, test strips and hypo food should be available in the exam setting if required
- Considerations for extra time if a hypo occurs should be discussed in advance
- Applications for special consideration for VCE exams should be attended to at the beginning of year 11 and 12 – check VCAA requirements

EXTRA SUPPLIES PROVIDED FOR DIABETES CARE AT THE CENTRE

- Insulin and syringes/pens/pen needles
- Finger prick device
- Blood glucose meter
- Blood glucose strips
- Blood ketone strips
- Urine ketone strips (This may be a preferred option for some families – if urine ketone test is moderate or large, then a blood ketone check MUST be done promptly)
- Hypo food
- Sport/activity food
AGREEMENTS

I have read, understood and agree with this plan. I give consent to the school to communicate with the treating team about my child’s diabetes management at school.

Parent/Guardian

________________________________________ Signature __________________________ Date __________
First name (please print) Family name (please print)

RN (Credentialled) Diabetes Nurse Educator

________________________________________ Signature __________________________ Date __________
First name (please print) Family name (please print)

School Representative

Name ____________________________________________
First name (please print) Family name (please print)

Role:  □ Principal  □ Vice principal  □ Other ________________________________
       (please specify)

Signature __________________________ Date __________________________